3404901 SMORY M/DD/S M/DD/S M/DD/S 3404904 WESTER 3404904 DS LME 3404910 PATHMA 3404912 CATAMH ENTAL	Y MOUNTAINM Y MOUNTAINM /SAS ERN HIGHLAN ME	HIGH DENIAL EORS 8535 8535 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		NORTH CAROLINA S CHECKNEITE SUMMARY REPORT SECKNEITE DATE: 04/26/2007 FINANCIAL PAYER: NCIMH DESCRIPTION SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. FILASSE RESUBMIT THE CLAIM WITH PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. *** NO DATA TO REPORT ***	TNC DENIALS	PAG TOTAL DENIALS 1201	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
NUMBER PROVI 3404901 SMORY H/DD/S 3404904 WESTER DS LME 3404910 PATHWA 3404910 CATANE ENTAL	VIDER NAME Y MOUNTAINM //SAS ERN HIGHLAN ME	EORS 8535 3411 6599 60 60 60 60 60 60 60 60 60 60 60 60 60	NUMBER OF DENIALS 545	FINANCIAL PAYER: NCDMB DESCRIPTION SERVICE FACILITY LOCATION MAS NOT SUBMITTED ON THIS CLAIM. FLEASE RESUMMIT THE CLAIM WITH FROVIDER TYPE AND SPECIALITY 07 4/113 CANNOT BILL ENHANCED BERNEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
NUMBER PROVI 3404901 SMORY H/DD/S 3404904 WESTER DS LME 3404910 PATHWA 3404910 CATANE ENTAL	VIDER NAME Y MOUNTAINM //SAS ERN HIGHLAN ME	EORS 8535 3411 6599 60 60 60 60 60 60 60 60 60 60 60 60 60	DENIALS 545 276	DESCRIPTION SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUMENT THE CLAIM WITH PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL EMBANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
NUMBER PROVI 3404901 SMORY H/DD/S 3404904 WESTER DS LME 3404910 PATHWA 3404910 CATANE ENTAL	VIDER NAME Y MOUNTAINM //SAS ERN HIGHLAN ME	EORS 8535 3411 6599 60 60 60 60 60 60 60 60 60 60 60 60 60	DENIALS 545 276	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BERNEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
NUMBER PROVI 3404901 SNOKY H/DD/S H/DD/S 3404904 WESTER DS LME 3404910 PATHWA 3404912 CATANE ENTAL	VIDER NAME Y MOUNTAINM //SAS ERN HIGHLAN ME	EORS 8535 3411 6599 60 60 60 60 60 60 60 60 60 60 60 60 60	DENIALS 545 276	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BERNEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	DENIALS	DENIALS	CLAIMS FINALIZED	CLAIMS PAID
3404901 SMOKY N/DD/S N/DD/S 3404904 WESTER DS LME 3404910 PATHNA 3404910 PATHNA	Y MOUNTAINM /SAS ERN HIGHLAN ME MAYS	8535 3411 8599 0	276	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BERNEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910 PATHMA 3404912 CATAMB ENTAL	ERN HIGHLAN	3411 8599 0	276	NOT SUBMITTED ON THIS CLAIM. PLEASE RESUMBIT THE CLAIM WITH FROVIDER TYPE AND SECIALTY 07 4/113 CANNOT SILL ENHANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	78	1201	1216	15
3404914 MESTER DS LME 3404910 PATHWA 3404912 CATANE ENTAL	ERN HIGHLAN ME	8599		PLEASE RESUBMIT THE CLAIM WITH PROVIDER TYPE AND SECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	78	1201	1216	15
3404910 PATHWA 3404912 CATANB ENTAL	ERN HIGHLAN ME MAYS	8599		PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	78	1201	1216	15
3404910 PATHWA 3404912 CATANB ENTAL	ERN HIGHLAN ME MAYS	8599		4/13 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	78	1201	1216	15
3404910 PATHWA 3404912 CATANB ENTAL	ERN HIGHLAN ME MAYS	8599		4/13 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	78	1201	1216	15
3404910 PATHWA 3404912 CATANB ENTAL	ME	0	85	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404912 CATANE ENTAL	ME	0	85 D	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404912 CATANE ENTAL	ME	0	0	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404912 CATANE ENTAL	ME	0	0	BENEFIT PACKAGE.				
3404910 PATHWA 3404912 CATANB ENTAL	ME	0	0	*** NO DATA TO REPORT ***				
3404910 PATHWA 3404912 CATANB ENTAL	ME	0	0	*** NO DATA TO REPORT ***				
3404910 PATHNA 3404912 CATAMB ENTAL 3404913 MECKLE	WAYS	0 8329						
3404912 CATAME ENTAL 3404913 MECKLE		0 8329	0	1				
3404912 CATAME ENTAL 3404913 MECKLE		8329	0					
3404912 CATAME ENTAL 3404913 MECKLE		8329	U		0	0	0	0
3404912 CATAMB ENTAL 3404913 MECKLE		8329						
3404912 CATAME ENTAL 3404913 MECKLE			134	CLAIM DENIED ATTENDING PROVIDE				
ENTAL ENTAL SAUTH STATE				R CANNOT BE THE SAME AS				
ENTAL ENTAL SAUTH STATE				THE LMA				
ENTAL ENTAL 3404913 MECKLE								
ENTAL ENTAL 3404913 MECKLE		8537	58	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND	19	394	4454	4050
ENTAL ENTAL 3404913 MECKLE				SPECIALTY IN ACCORDANCE TO MEN				
ENTAL ENTAL 3404913 MECKLE								
ENTAL ENTAL 3404913 MECKLE		8599	46	DETAIL NOT COVERED BY COMBINAT				
ENTAL ENTAL 3404913 MECKLE				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
ENTAL ENTAL 3404913 MECKLE				BENEFIT PACKAGE.				
ENTAL 3404913 MECKLE	WBA COUNTYM	8649	10	CLAIM DENIED MAXIMUM ALLOWED 2				
3404913 MECKLE				6 OCCURRENCES HAVE PROCESSED				
Pilicital				AND PAID, PA IS REQUIRED.				
Pilicital		79	2	THIS SERVICE IS NOT PAYABLE TO				\vdash
Pilicital		79	,	YOUR SUBMITTED BILLING	0	27	771	744
Pillerelli				PROVIDER TYPE AND SPECIALTY IN				
Pillerelli								
Pilicital		8599	4	DETAIL NOT COVERED BY COMBINAT				
Pilicital				ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				-
Pillerelli				BENEFII FACRAGE.			 	
	LENBURG COM	8505	2736	CLAIM DENIED DUE TO INSUFFICIE				
	L HEALT			NT BUDGET				
		11	908	CLIENT NOT ELIGIBLE ON SERVICE	0	4214	4545	331
l i				DATE		7217	4545	331
		0500	0.00					
		8599	276	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	DICOADO DELLA	8505	2	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET			<u> </u>	
VIORAL	AL HEAL				+			
		8800	1	FURTHER PROCESSING NECESSARY,	0	3	37	34
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404917 CENTER	ERPOINT HUM	8505	1724	CLAIM DENIED DUE TO INSUFFICIE				
	ERVICES			NT BUDGET				
							<u> </u>	
 		8599	90	DETAIL NOT COVERED BY COMBINAT	2	2073	4799	2726
				ION OF RECIPIENT, PROVIDER AND	2	2073	4/99	2/26
				BENEFIT PACKAGE.				
		0611	62	60 DECIDENTIAL LEVEL III MODAN	1			$\vdash \vdash \vdash$
		8621	63	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8505	7344	CLAIM DENIED DUE TO INSUFFICIE				
TAL HE	FORD CO MEN	`		NT BUDGET				igwdown
	FORD CO MEN HEALTHC							
		8800	831	FURTHER PROCESSING NECESSARY,	0	8266	8299	33
	HEALTHC			PLEASE CHECK FOR CLAIM ON		0230	0233	
	HEALTHC			FUTURE RA'S.				
	HEALTHC	8599	39	DETAIL NOT COVERED BY COMBINAT				
	HEALTHC			ION OF RECIPIENT, PROVIDER AND		1		
	HEALTHC	0.3.3			-			
	HEALTHC	03.7		BENEFIT PACKAGE.		1		

		Т	Γ	T			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404920	ALAMANCE CASWEL	8505	2516	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		21	99	DUPLICATE OF CLAIM-SYSTEM		-		
		21	33	DOPBICATE OF CHAIM-SISIEM	0	2698	4801	2103
		 		+				
		8599	32	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404921	ORANGE PERSON C	8505	507	CLAIM DENIED DUE TO INSUFFICIE				
	HATHAM AREA			NT BUDGET				
		5312	336	PRIOR AUTHORIZED DOLLARS EXCEE		1032	2512	1480
				DED	0	1032	2512	1400
		8599	65	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404922	THE DURHAM CENT	21	6422	DUPLICATE OF CLAIM-SYSTEM				
	ER	_	ļ	ļ			<u> </u>	
		 	-	 	 	———		1
		8505	4463	CLAIM DENIED DUE TO INSUFFICIE	28	11701	12000	1371
		+	-	NT BUDGET	28	11721	13092	15/1
		†		†	 			
				<u> </u>				
		8800	609	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
		L		FUTURE RA'S.				
3404923	FIVE COUNTY MH	21	33	DUPLICATE OF CLAIM-SYSTEM				
						ļ		
		3411	16	PROVIDER TYPE AND SPECIALTY 07		76	2063	1000
				4/113 CANNOT BILL ENHANCED	U	76	2063	1987
				BENEFIT SERVICES ON OR AFTER D				
		8599	9	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	8505	3187	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET		ļ		
		21	125	DUPLICATE OF CLAIM-SYSTEM	9	3684	7964	4280
			123	DOI DICKED OF CLARK OTOTAL	9	3684	7964	4280
		8599	114	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	8599	118	DETAIL NOT COVERED BY COMBINAT				
	G MENTAL HL		ļ	ION OF RECIPIENT, PROVIDER AND				↓
		+		BENEFIT PACKAGE.				
		79	70	THIS SERVICE IS NOT PAYABLE TO	1	-		
		1		YOUR SUBMITTED BILLING	24	402	6632	6230
		+		PROVIDER TYPE AND SPECIALTY IN	 			t
		1						
		8800	28	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
		L		FUTURE RA'S.				
		0500						
3404927	CUMBERLAND CO M	8599	24	DETAIL NOT COVERED BY COMBINAT		 	<u> </u>	
	HC	 	-	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	 	-		
		 		District La PROPRISE.	 	 		
		5404	18	SEVERE DUPLICATE: SAME ATTD PR		79	1414	1335
		†		OV/PCODE/TOS/DOS/MOD	0	/9	1414	1335
		+		<u> </u>	 			
		21	16	DUPLICATE OF CLAIM-SYSTEM				
		<u> </u>						
2404022		0505	621	GLAVE DEVIAED DATE OF THE STATE				
3404930	JOHNSTON COUNTY	8505	631	CLAIM DENIED DUE TO INSUFFICIE		 	<u> </u>	
	MNTL HLTHC	 	 	NT BUDGET		 		1
		 	-	 	 	———		1
		8599	91	DETAIL NOT COVERED BY COMBINAT	0	779	1284	505
		+		ION OF RECIPIENT, PROVIDER AND	0	779	1284	505
		†		BENEFIT PACKAGE.				
		1						
		3412	24	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				

				T			moma r	momar
PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	+	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NOTED AND AND AND AND AND AND AND AND AND AN	PROVIDER NAME	1010	DIMINIO	DEGGET TOW	DENIALS	DENIALS	FINALIZED	PAID
3404931	WANT OF THE OWN	21	822	DUPLICATE OF CLAIM-SYSTEM				
	WAKE CO HUM SVC BILLING OF							
	BILLING OF							
		8599	207	DETAIL NOT COVERED BY COMBINAT	31	1247	5788	4541
				ION OF RECIPIENT, PROVIDER AND	31	1247	5/88	4541
				BENEFIT PACKAGE.				
		5308	46	PRIOR AUTHORIZED UNITS EXCEEDE				
				D				
3404933		8537	172	PROCEDURE IS NOT PAYABLE FOR Y				
3101933	SOUTHEASTERN CT	0337	272	OUR PROVIDER TYPE AND				
	R FOR MH/DD			SPECIALTY IN ACCORDANCE TO MEN				
				OLDCIADIT IN ACCOMMENT TO MAKE				
		10	61	DIAGNOSIS OR SERVICE INVALID F		379		
		10	01	OR CLIENT AGE. VERIFY CID,	1	379	2544	2151
				DIAGNOSIS, PROCEDURE CODE FOR				
				DIMONOSIO, INCCEDORE CODE FOR				
		11	60	CLIENT NOT ELIGIBLE ON SERVICE				
		11	00	DATE				
				DATE				
3404934	ONSLOW CARTERET	8536	230	ATTENDING PROVIDER TYPE AND SP				
	BEHAV HEAL			ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
	1	8599	162	DETAIL NOT COVERED BY COMBINAT	0	764	2099	1335
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
			1			1		
		4102	136	YOU ARE ATTEMPTING TO ADJUST A				
				CLAIM THAT IS EITHER NOT				
		-	1	FOUND ON OUR FILE OR IS NOT FO				
		-	1					
3404935		0	0	*** NO DATA TO REPORT ***				
3404935	WAYNE CO MENTAL	U	U	NO DATA TO REPORT				
	HEALTH CTR							
		_	_					
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8505	216	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		79	8	THIS SERVICE IS NOT PAYABLE TO	0	220	1010	000
			·	YOUR SUBMITTED BILLING	U	228	1218	990
				PROVIDER TYPE AND SPECIALTY IN				
		8599	3	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404937	EDGECOMBE NASH	21	9	DUPLICATE OF CLAIM-SYSTEM				
	MNTL HLTH C							
		8534	8	SERVICE FACILITY LOCATION IS N		17	34	1.2
	+			OT A VALID IPRS ATTENDING	U	17	34	17
				PROVIDER. PLEASE VERIFY THE F				
				TROVIDUR. I IIII I III I				
3404939		8599	EQ	DETAIL NOT COVERED BY COMBINAT				
	NEUSE MENTAL HE			ION OF RECIPIENT, PROVIDER AND				
	ALTH CENTER							
				BENEFIT PACKAGE.				
		1.42	-	OLIVER TO MUNICIPAL WORLD AND ON THE PROPERTY OF THE PROPERTY				
		143	2	CLIENT ID NUMBER NOT ON STATE	0	81	446	365
				ELIGIBILITY FILE				
		670	4	OTHER DIAGNOSIS CODE 4 IS INVA				
				LID				
3404941	PITT CO MH/DD/S	8599	9	DETAIL NOT COVERED BY COMBINAT				
	AS CENTER			ION OF RECIPIENT, PROVIDER AND				
	1	1	1	BENEFIT PACKAGE.	1	1	1	
		8537	7	PROCEDURE IS NOT PAYABLE FOR Y	0	62	842	780
				OUR PROVIDER TYPE AND	,	32	512	,,,,
				SPECIALTY IN ACCORDANCE TO MEN				
			1					
	1	120	7	CLIENT ID NUMBER MISSING OR IN				
			1	VALID. ENTER CID AND SUBMIT				
			1	AS A NEW CLAIM				
		-	1	Marin Camari				
2404040		E404	2	COMMON DUDY TOWNS CAME				
3404942	ROANOKE CHOWANH	5404	4	SEVERE DUPLICATE: SAME ATTO PR				
	UMAN SERVIC			OV/PCODE/TOS/DOS/MOD				
	1	8599	2	DETAIL NOT COVERED BY COMBINAT	0	6	475	469
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	1	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
	1		1	1	l	l	l	

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	DROUTDER WAVE	EOBS	DENIALS	DESCRIPTION				
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404943		8599	38	DETAIL NOT COVERED BY COMBINAT				
	ALBEMARLE MENTA			ION OF RECIPIENT, PROVIDER AND				
	L HEALTH CE			BENEFIT PACKAGE.				
				BENEFII PACKAGE.				
		191	27	CLIENT ID NUMBER DOES NOT MATC				
		191	21	H PATIENT NAME	3	123	886	763
				H PAILENI NAME				
		21	26	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA	8599	90	DETAIL NOT COVERED BY COMBINAT				
	N SERVICES			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8952	56	CLAIM DENIED DUE TO AGE RESTRI		173	2654	2481
l		+	+	CTIONS FOR TARGET POPULATION		173	2031	
 	1					1		
		143	14	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
				BELOIDIELI FIE				
3404946		8505	787	CLAIM DENIED DUE TO INSUFFICIE				
3404946	FOOTHILLS AREAM	0000	/6/	NT BUDGET				
	ENTAL HEALT			NI BUDGEI				
		120	170	CLIENT ID NUMBER MISSING OR IN	1	1061	1441	380
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		8537	59	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404957	TIDELAND MENTAL	8505	36	CLAIM DENIED DUE TO INSUFFICIE				
	HEALTH CTR			NT BUDGET				
 	menun Cik					1		
l	+	+	+		1	1	+	
 		8599	q	DETAIL NOT COVERED BY COMBINAT	1			
 			+	ION OF RECIPIENT, PROVIDER AND	1 2	63	824	761
				BENEFIT PACKAGE.				
 				DENTE LE LECTIFICE.				
		21		DUDI TOAMD OF GUATA OVOMBA				
		21	0	DUPLICATE OF CLAIM-SYSTEM				
3404979	NEW RIVER AREAM	8505	34	CLAIM DENIED DUE TO INSUFFICIE				
	H/DD/SA PRO			NT BUDGET				
			1					
		8535	2	SERVICE FACILITY LOCATION WAS	(37	37	0
				NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		+	+				<u> </u>	
		8534	1	SERVICE FACILITY LOCATION IS N				
		-	1	OT A VALID IPRS ATTENDING	1	1	+	-
			-	PROVIDER. PLEASE VERIFY THE F	-		-	-
		1	1	LICYLDAN. FURROR VERIFI IND F		1	1	1